PTO/SB/17 (12-97)
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FEE TRANSMITTAL		Application Number				NA		
I LL HOMOMITIAL	Filing Date					NA.		200
Note: Effective October 1, 1997.		First Named Inventor			Neil NA	Daswani et al.	<u></u>	
Patent fees are subject to annual revision.		Group Art Unit Examiner Name				NA		8
TOTAL AMOUNT OF PAYMENT (\$) 380.00	Attorney Docket Number					P390)7	<u></u>
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METHOD OF PAYMENT (check one)	FEE CALCULATION (continue)							
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Charge Any Additional Charge the Issue Fee Set in	139	130	139	130	Non-Englis	h spec	ification	
Fee Required Under 37 CFR 1.18 at the Mailing of the 37 CFR 1.16 and 1.17 Notice of Allowance	147 2	,520	147	2,520	For filing a	recepted	t for reexamination	
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1. FILING FEE	117	950	217	475	Extension t	for repl	within third month	
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2. CLAIMS Extra below Fee Paid			243		Design issu			
Total Claims 10 -20 = 0 X 09 = 0.				335	Plant issue			
Claims L2 -3 - V X -37 - V			122		Petitions to	the Co	mmissioner	
Multiple Dependent Claims X X = X	123	50	123	50	Petitions re	lated to	provisional application	ons
Large Entity Small Entity	126 2	240	126	240	Submission	of Info	rmation Disclosure St	lmt
Fee Fee Fee Fee Description	581	40 5	581	40	Recording	each oa	atent assignment per	<u> </u>
Code (\$) Code (\$)							mber of properties)	
103 18 203 09 Claims in excess of 20	146	790 2	246	395			n after final rejection	
102 78 202 39 Independent claims in excess of 3	149 7	790 2	249	395	(37 CFR 1.		Il invention to be	
104 270 204 135 Multiple dependent claim			•		examined (
109 82 209 41 Reissue independent claims over original patent	Other for	0 (055	nife.\					
110 22 210 11 Reissue claims in excess of 20	Other let	= (shed	-i(y) _					
and over original patent	Other fe	e (spe	cify)					.
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SUBTOTAL (2) (\$) 0.	Reduc	ed by	Basic	Filing	Fee Paid	S	UBTOTAL (3) (\$)	0.
SUBMITTED BY Complete (if applicable)								
Printed Name Donald	V. D.	uys					Reg. Number	35,074
Signature			T,	Date	10/20/19	۵۵۵	Deposit Account	

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